

REQUEST FOR OFFICIAL OCONUS TEMPORARY DUTY TRAVEL

For use of this form, see memo, ATZK-AGO, 15 Jul 98, OCONUS TDY Travel

(All blocks must be completed)

DATE

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Section 704 and 3012, Title 10, USC.

PRINCIPAL PURPOSE: To obtain the necessary personal data to be used to obtain a country/theatre clearance for official travel outside the continental United States.

ROUTINE USES: Data given is used by various agencies to determine whether or not a country/theatre clearance can be granted.

DISCLOSURE: Voluntary. However, if traveler does not provide the desired information, the country/theatre clearance may not be granted.

TO Commander

U.S. Army Armor Center and Fort Knox

ATTN: ATZK-AGO

Fort Knox, KY 40121-5000

THRU

FROM (Requester's section and phone number)

1. Traveler(s): (Indicate name, SSN, rank/grade, title, date and place of birth, date and place of naturalization, if applicable, security clearance, date and agency granting security clearance, citizenship, organization/installation/activity to which assigned, office symbol of traveler, and country to be visited.)

2. Purpose of visit:

3. Unit(s) or facility to be visited:

4. Travel directed by:

POC:

5. Date and nature of INVITATION on which visit is based, if applicable:

☐

Travel/country clearance has been granted per

☐

Travel/country clearance has not been granted.

☐

If travel/country clearance requested by another MACOM, identify message requesting clearance:

6. Proposed itinerary: (Include day-by-day itinerary with estimated dates of arrival and departure and UNITS TO BE VISITED.)

7. Alternate visit dates if visit cannot be accommodated at preferred time:

8. Will trip involve:

☐ Yes ☐ No a. Meeting with foreign personnel? If so, identify as outlined below.

☐ Yes ☐ No b. U.S. Embassy personnel? If so, identify as outlined below.

If "Yes" to either of the above, indicate name, grade, and position of key personnel to be visited.

9. Will trip involve:

☐ Yes ☐ No Disclosure of classified information and, if disclosure to foreign nationals is proposed, indicate the security classification of material and authority for disclosure.

10. Local support desired (Check appropriate blocks)

☐ Hotel accommodations ☐ Transportation ☐ Briefings ☐ Onward bookings
☐ Classified courier requirements ☐ Security guards for aircraft ☐ Requested by other means
☐ Other (specify) _____

11. If request is submitted less than 60 days prior to departure date, state the reason for late submission and furnish complete justification why trip cannot be conducted at a later date. (If additional space is needed, continue in remarks column.)

12. Point of contact for trip. (Indicate name, rank, organization, office symbol, and DSN number)

Installation/Activity: _____

Overseas (HQ USAREUR/HQ EUCOM): _____

MACOM Staff Action Office: _____

Any Other: _____

13. Classified Material (AR 380-5):

a. Will traveler be handcarrying classified material in travel status? ☐ Yes ☐ No

b. Approval to handcarry classified material must be obtained from the Local Security Official.

14. Remarks:

15a. Name, Grade, and Title of Requesting Official:

b. Signature of Requesting Official:

16a. Name, Grade, and Title of Approving Official:

b. Signature of Approving Official: